

SERIAL NO.

APPLICANT(S)

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

09/600057

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5		5			
TOTAL DEP.	19		12			
TOTAL CLAIMS	24		17			

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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